

239962

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Reinstatement of Class C Non
Emergency Certificate for

Metro One Ambulance, Inc.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 113 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Metro One Ambulance Telephone: 706-364-9402

Address: 4210 Columbia Rd 13B Fax: _____

Martinez, GA 30907 Other: _____

Email: jsarbin@metro1ems.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
OCT 25 2012
PSC OFFICE
CLERK'S

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: SEPTEMBER 14, 2012

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☒ Non-Emergency Certificate Number 8268
☐ Stretcher Van Certificate Number _____

My certificate was revoked/cancelled on 6/2/11 because of failure to to pay decal fees
 (DATE)

I am seeking reinstatement because I am ready to start my business again.

METRO ONE AMBULANCE INC

(Name of Company)

DBA N/A

(if applicable)

3159 W. Bellline Blvd Ste 17
 (Street Address)

4210 Columbia Rd Ste 13B
 (Mailing Address if different from Street Address)
Martinez, GA 30907

Columbia, SC 29204
 (City, State, Zip Code)

[Signature]
 (Signature)

706-361-9402
 (Telephone Number)

[Signature]
 (Title) Owner, President, etc.

Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAN
OF

Metro One Ambulance, Inc.

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

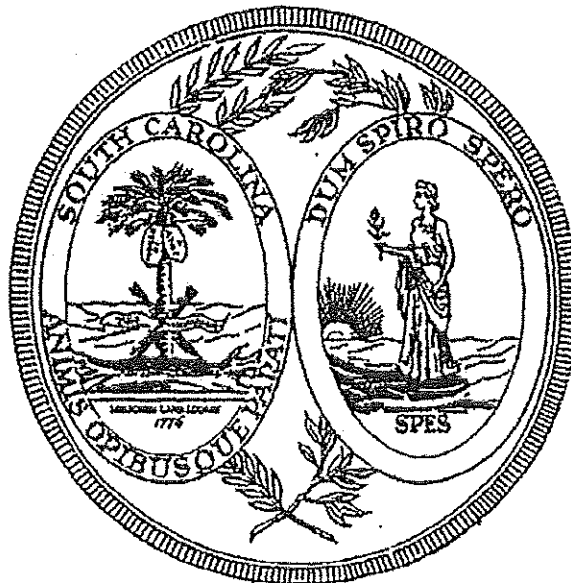
9-13-12 Carrier applying for Reinstatement

FOR THE YEAR ENDED 2011

☐ Calendar Year Ending December 31, 2011

or

☐ Fiscal Year Ending _____



Company Officers

Title of Officer	Name of Person Holding Office
President	Clint Steerman
Vice-President	Trudi Steerman
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name:	Rodney Love		
Title:	Operations Manager		
Street Address:	3905 W. Beltline Blvd Ste 17		
City:	Columbia	State:	SC
		Zip:	29204
Telephone Number:	(803) 391-0437	E-mail:	rllove@metro1ems.com

Certification

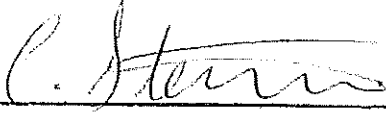
State of SOUTH CAROLINA

County of RICHLAND

I, CLINT STEERMAN of the

METRO ONE AMBULANCE INC. Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.



Signature

11 OCT 2012

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kinghorn Insurance Agency of Beaufort 910 Carteret Street P.O. Box 1088 Beaufort SC 29901		CONTACT NAME: Kristen Webb PHONE (A/C No. Ext.): (843) 521-4000 FAX (A/C No.): (843) 521-4004 E-MAIL ADDRESS: kwebb@insurancebeaufort.com	
INSURED METRO ONE AMBULANCE INC 4210 COLUMBIA RD BLDG 13, SUITE B MARTINEZ GA 30907-0401		INSURER(S) AFFORDING COVERAGE INSURER A: Selective Ins Co of S.C. INSURER B: Synergy Insurance Company INSURER C: Colony Insurance Company INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL12101106610

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			\$ 1977463	5/2/2012	5/2/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV PLGY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMMODITY AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS		\$ 1977463	5/2/2012	5/2/2013	BODILY INJURY (Per person) \$
	<input type="checkbox"/> MIXED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Medical Payments \$ 5,000
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)	Y/N		WC100-000185-112	6/9/2012	6/9/2013	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe later						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			AP512882	5/2/2012	5/2/2013	Aggregate Limit \$2,000,000
							Each Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Clint Steerman is excluded from workers compensation coverage.

CERTIFICATE HOLDER

CANCELLATION

HealthSouth Rehabilitation Hospital
2935 Colonial Drive
Columbia, SC 29920

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

M Boyne, CIC/KRIS

ACORD 25 (2010/05)

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INS025 (201005)01

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